



SOUTHERN
CHANGWORKS

Healing Journeys
Backpacking Expedition
October 15-18, 2021



Last Name First Middle Initial Age Gender

Street Address (Home)

City State Zip

Parent or Guardian Name Relationship

Street Address (Home)

City State Zip

Cell Phone Work Phone Home Phone

Emergency Contact

Street Address (Home)

City State Zip

Cell Phone Work Phone Home Phone

Name of Insurance Company Policy Number

Address of Insurance Company Insurance Phone Number

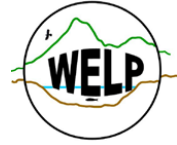
Primary Physician Phone Number

Address of Physician



SOUTHERN
CHANGEWORKS

Healing Journeys
Backpacking Expedition
October 15-18, 2021



****Note: Please attach a copy of the front and back of the applicable insurance card to this form****

Medical Information

Does the participant have any special dietary needs? Yes___ No___ (if yes, please explain)

Does the participant have any allergies? Yes___ No___ (if yes, please explain)

Does the participant have any medical or health conditions that program facilitators should be aware of? Yes___ No___ (if yes, please explain)

Will the participant take any prescribed medication(s) or over-the-counter medication(s) during the program? Yes___ No___ (if yes, please complete form on the following page).

WELP houses the following common medications. Please provide consent and instructions for dosage of medication(s), if needed.

YES	NO		YES	NO	
___	___	Kaopectate (for diarrhea)	___	___	Nyquil
___	___	Sudafed (Pseudonal)	___	___	Cepacol
___	___	Pepto Bismol (upset stomach)	___	___	Advil (Ibuprofen)
___	___	Mild of Magnesia (for constipation)	___	___	Caladryl (for skin rash)
___	___	Chloraseptic Spray (for sore throat)			
___	___	Acetaminophen (Tylenol for headache or elevated temp.)			

Participant's Signature

Date



SOUTHERN
CHANGEWORKS

Healing Journeys
Backpacking Expedition
October 15-18, 2021



Parent/Guardian Signature

Date

I, as the parent/guardian of _____ (student/participant's name), give my/our consent to give the prescribed and/or over-the-counter medication(s) listed below to my/our child during the above listed program, in the dosage and schedule given below. It is my/our understanding that at any moment during the hours of the above listed program, the student identified herein is NOT authorized to have in his or her possession prescribed or over-the-counter medication(s). The parent or guardian should give the medication(s) to authorized program personnel in a sealed plastic bag with sufficient instructions regarding dosage, schedule of administration, and any other relevant information. WELP/SCW staff will not be responsible for administering any medication requiring special training or nursing skills, such as injections for diabetes or allergies. Applicants with contagious medical conditions will not be permitted to participate in the program.

Authorized Prescribed Medication(s):

Name: _____

Dosage: _____

Instructions: _____

Authorized Over-The-Counter Medication(s):

Name: _____

Dosage: _____

Instructions: _____

Participant's Signature

Date

Parent/Guardian Signature

Date



SOUTHERN
CHANGEWORCS

Healing Journeys
Backpacking Expedition
October 15-18, 2021



MEDICAL CONSENT

The Participant's medical conditions stated on this application are complete and correct. I hereby give permission to WELP/SCW personnel to administer first aid and to arrange for medical care and treatment in the event of a medical emergency. I also give permission to the physician selected by WELP/SCW program personnel to examine, diagnose, and treat or secure proper treatment for the participant as the physician shall determine is proper and necessary under the circumstances. A photocopy of this authorization shall be as valid and may be accepted as the original.

Parent/Guardian/Participant Signature

Date

WELP RELEASE OF LIABILITY

I have been informed of the nature of the WELP program in which I, or my under-age dependent is applying for. I understand that there are risks associated with my or my dependent's participation in the program activities, and transportation to and from the program, which pose a potential threat of injury, illness, or death. The undersigned is familiar with the nature of outdoor sports and activities, as well as the program applicant's abilities and limitations. I am not aware of any physical, emotional, or mental problem or limitation that would prevent, impair, or increase the risk involved in the applicant's participation in WELP/SCW activities. With this knowledge, I grant permission for myself, or my underage dependent to participate in all program activities, and on behalf of the undersigned, I accept and assume the risk and full responsibility for injury, illness, death, or loss of personal property or other damage, and medical or other expense resulting from the participant's presence at WELP/SCW programs. I hereby release and discharge Wetland Environmental Learning Projects, and Southern Changeworks, and their agents and employees from liability to us as parent(s)/guardian(s), or to myself as an adult participant, for any and all losses, damages, and expenses and any injury to person or property, including death, resulting from the participant's travel to and from WELP/SCW programs, and participation in the program. I agree to direct the participant to comply with all WELP/SCW rules and policies and to cooperate with WELP/SCW personnel. I understand and agree that if the participant fails to comply with the rules and policies, he or she may be expelled from WELP/SCW programs, and sent home at my (the parent/guardian or adult participant) expense.

Participant's Signature

Date

Parent/Guardian Signature

Date



SOUTHERN
CHANGWORKS

Healing Journeys
Backpacking Expedition
October 15-18, 2021



PARTICIPANT MEDIA CONSENT AND RELEASE FORM

Throughout the year, participants may be highlighted in efforts to promote WELP/SCW activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our program through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media.

I, as the parent or guardian of _____ (or participant), hereby give WELP/SCW and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child (or myself) for use in audio, video, film, or any other electronic, digital and printed media. It is understood that these rights extend only to educational and non-profit uses.

a. This is with the understanding that neither WELP/SCW nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation (or my own).

b. I further release and relieve WELP/SCW, its Board, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

I certify that I have read this Media Consent and Release Liability statement and fully understand its terms and conditions.

Participant Signature

Date

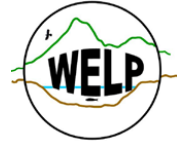
Parent/Guardian Signature

Date



SOUTHERN
CHANGEWORKS

Healing Journeys
Backpacking Expedition
October 15-18, 2021



HOUSEHOLD INFORMATION (OPTIONAL)

Race/Ethnicity:

- | | |
|--|--|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Bi-racial |
| <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> Other: _____ |

Is this student from a single parent household? Yes No

Gender of head of household? Male Female

Military Household? Yes No

Student lives with:

- | | |
|---|--|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Aunt/Uncle |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Foster Care/DFACS |
| <input type="checkbox"/> Father | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Grandparent(s) | |

Number of persons in household: _____

Annual Household Income: \$ _____

Check all that Apply:

- | | |
|---|---|
| <input type="checkbox"/> SSDI | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> SSI | <input type="checkbox"/> General Assistance |
| <input type="checkbox"/> TANF | <input type="checkbox"/> School Lunch Program |
| <input type="checkbox"/> Day Care Voucher | <input type="checkbox"/> Veterans Affairs |

Primary Language Spoken in Home: _____

I, as the parent or guardian of _____ (or myself), hereby irrevocably consent to and give authorization for my child (or myself) to participate in Student Assessments used by Wetland Environmental Learning Projects, Department of Human Services and their subsidiaries, and affiliates. These assessments may include my child's (or my own) name, my household information, and/or survey information to be used for reporting purposes only. WELP/SCW will maintain all participant files in a confidential manner. Communication of participant information to persons or agencies other than listed above will require written approval of the participant, or minor participant's legal guardian/parent.

Participant or Minor Participant Parent Signature

Date